

Appendix G

Chemical and Biological Incident Interview Report

Note:

This report allows a collector to note the most relevant details of testimony given by personnel associated with alleged use of chemical or non-living biological agents. Do not consider the form to be all-inclusive.

CB Incident Interview

Date: _____ Interviewer: _____

Subject's Name: _____

Alias 1: _____ Alias 2: _____

Age: ____ Sex: ____ Year of Birth: _____

Nationality: _____

Subject's Address: _____

Identity Card Number: _____

Military Service? Yes ☐ No ☐

Units Assigned	Dates	Position
1. _____		
2. _____		
3. _____		
4. _____		

Occupation/Training:

1. _____

2. _____

3. _____

4. _____

Possible prior experiences of this nature?

Yes ☐ No ☐

Where? _____

When? _____

Describe: _____

Where? _____

When? _____

Describe: _____

Current Incident Information

Location: Town: _____

District: _____

Province: _____

Country: _____

or:

Days/Hours Walk From _____ Direction

Days/Hours Walk From _____ Direction

Days/Hours Walk From _____ Direction

Terrain Description:

Flat ☐ Hills ☐ Mountain ☐ Desert ☐

Jungle ☐ Shore ☐ River ☐ Sparse ☐ Trees ☐

Other Terrain Comments: . _____

Weather:

Clear ☐ Cloudy ☐ Rainy ☐ Foggy ☐

Misty ☐ Snowy ☐ Dusty ☐

Other Weather Comments: _____

Wind:

None ☐ Windy ☐ Gusts ☐ Mild ☐ Breeze ☐

Describe: _____

Military/Guerrilla Operations in Area:

None ☐ Offense ☐ Bivouac ☐ Retaliation ☐

Retreat ☐ Patrol ☐ Unknown ☐

Describe: _____

Delivery Methods

Type:

Unknown ☐ Ground ☐ Air ☐ Arty/Rkt ☐

Other ☐

Describe: _____

Est Height: _____ Size: _____ Distance: ____

Agent Characteristics--Odor:

None ☐ Sweet ☐ Fruity ☐ Irritating ☐

Pepper ☐ Flower ☐ Changing ☐ Other ☐

Describe: _____

Agent Characteristics--Consistency:
Smoke ☐ Mist ☐ Dust ☐ Rain ☐
Gel ☐ Dry ☐ Visible ☐ Invisible ☐
Describe: _____

Agent Characteristics-Color (Use Federal **Color** Standard
Charts): # _____

Describe Development of Color: _____

Area **Coverage:** _____

Physical Dissemination Coverage (for example droplet size
and distance apart)

Describe or Let Subject Draw on Reverse: _____

Physical Effects

Symptoms: _____

Individual's Actions

During Attack: _____

After Attack: _____

Protective Measures: _____

Treatment Received: _____

Environmental Effects

Vegetation Changes? Yes ☐ No ☐

Describe: _____

Animals Affected? Yes ☐ No ☐

Describe: _____

Others Affected

	Name	Age	Symptoms	Resolution
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____